

# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem"

—Horace, Book ii, Ode iii.

## Journal

VOL. XLIV.—No. 2

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### CALENDAR

Tues., Nov. 3.	—Dr. Hinds Howell and Mr. Wilson on duty.	Wed., Nov. 18.	—Surgery : Clinical Lecture by Mr. Roberts. Hockey Match v. University College. Away.
Wed., „ 4.	—Surgery : Clinical Lecture by Mr. Vick.	Thurs., „ 19.	— <b>Last day for receiving matter for the December issue of the Journal.</b>
Fri., „ 6.	—Dr. Gow and Mr. Girling Ball on duty. Medicine : Clinical Lecture by Dr. Evans.	Fri., „ 20.	—Dr. Hinds Howell and Mr. Wilson on duty. Medicine : Clinical Lecture by Dr. Graham.
Sat., „ 7.	—Hockey Match v. Nore Command. Home.	Sat., „ 21.	—Hockey Match v. Emmanuel College, Cambridge. Away.
Mon., „ 9.	—Special Subjects : Lecture by Mr. Higgs.	Mon., „ 23.	—Special Subjects : Lecture by Dr. Cumberbatch.
Tues., „ 10.	—Dr. Graham and Mr. Roberts on duty.	Tues., „ 24.	—Dr. Gow and Mr. Girling Ball on duty.
Wed., „ 11.	—Hockey Match v. University College Hospital. Away.	Wed., „ 25.	—Surgery : Clinical Lecture by Mr. Girling Ball.
Fri., „ 13.	—Dr. Evans and Mr. Vick on duty. Medicine : Clinical Lecture by Dr. Gow.	Fri., „ 27.	—Dr. Graham and Mr. Roberts on duty. Medicine : Clinical Lecture by Dr. Graham.
Sat., „ 14.	—Hockey Match v. Bank of England. Away.	Sat., „ 28.	—Hockey Match v. Bexley. Away.
Mon., „ 16.	—Special Subjects : Lecture by Mr. Sydney Scott.	Mon., „ 30.	—Special Subjects : Lecture by Mr. Elmslie.
Tues., „ 17.	—Prof. Witts and Prof. Paterson Ross on duty.		

### EDITORIAL

#### MAGIC IN MEDICINE

“IN the Middle Ages doctors had a philosophy. To-day they have none. And that is very important, for you cannot treat patients' bodies if you know nothing of their souls.” These are the words spoken by Prof. Jung as he drew the astonished attention of the Abernethian Society to the *Quadratum Magicum* of the alchemists.

From so great a man the words fall with peculiar weight. No one can doubt that they are true.

Once priests were the only doctors. Whatever their gods, healing remained a gift from the spirit to the flesh. This Hospital was founded by a priest.

In medieval times the physician was at the same time an alchemist. Only the ignorant alchemist, or the corrupt, sought in the *Tinctura Physicorum* a means to transmute base metals into gold. He misunderstood the metaphor. The medicine was for men.

That was not all they sought. There was the *Electrum Magicum*, the mirror with which one might view the future and the past. There was the *Primum Ens Melissæ*, which bestowed upon its possessor

eternal youth. These things were not the cobwebbed hocus-pocus of a witch's kitchen. They were philosophic goals, not to be understood by the uninitiated, or debased by the charlatan and quack.

One of the greatest of alchemists, Paracelsus, in the preface of his *Paragranum*, says: "We know that a lover will go far to meet the woman he adores; how much further, then, will the lover of wisdom be tempted to go in search of his divine Mistress! . . . Those who remain at home may grow richer, and live more comfortably than those who wander; but I desire neither to live comfortably, nor to grow rich."

The philosopher of to-day is the psychologist. He alone approaches the body through the mind. But the ship of his philosophy is not equipped. It has sails, a crew, and a helmsman. But as yet there is no compass, and the helmsman has no course.

And just as there were corrupt alchemists, there are also corrupt psychologists who do not seek to transmute lives, but whose quest is metal.

For better or worse, many people no longer turn to their priests when in spiritual distress. Some who do so are not content. Prelates who were till late pillars of the church are now, not infrequently, columns of the daily press.

Every year adds a great army of psychotics and psycho-neurotics to the population. Every year we see more and more "functional cases" in our wards. According to statistics, the day is in sight (if not already here) when we may begin to number the sane among us.

Who is to save this army? To whom can they now turn? There is little point in removing a man's thyroid gland or prescribing an aperient if it is his soul that is sick.

Lord Horder believes that if we can decrease our daily "phons" we will have gone far. But noise is only one stress of modern life, and it is possible that noise keeps as many people sane as it drives mad. It keeps the pale mind from looking inwards at itself.

There is no doubt that the mantle of the Father Confessor and of the alchemist is about to fall upon the shoulders of the doctor, whether it is welcome or not. What steps must be taken to prepare ourselves for this great burden?

The specialist of psychology must inevitably gain his training late, and as a post-graduate. But it is not the specialist who matters. He sees the machinery only when it has completely broken down. It is the practitioner who must detect its first laggings, and upon whose wisdom the machine's salvation rests.

There are not a few physicians who still look askance at the very word "psychology", and at the names of Freud and Jung, just as there were many who sneered at Lister and Pasteur. They are not important, and will soon be left behind. It must be remembered that even bacteriology is still a science in its infancy. Lister and Pasteur did not solve all its problems.

The modern medical student must equip himself as best he can. In an already overcrowded course he cannot be expected to make an adequate systematic study of psychology, although he will encounter as many "psychological" as he will midwifery cases, and the former will probably be the more serious. His knowledge, indeed, will be necessary in the handling of every patient with whom he ever comes in contact.

If somewhere he can hear a few lectures on elementary principles, and perhaps read a book or two, he will be fortunate, but he will not be taken far.

The essential steps rest with him alone. In the midst of the turmoil of his work, and the painful grasping of a thousand isolated facts about as many apparently isolated ills, he must find time to pause, and to look, not at the disease, but at the human being; to see with larger and more pitiful eye the frightened child who hides within the man.

The priest was a doctor. The circle is complete, and now it is time for the doctor to become a priest.

## CURRENT EVENTS

## PORT REGIS PREPARATORY SCHOOL

At this preparatory school two scholarships of £100 each are annually awarded to the sons of medical men. The school is at Broadstairs, Kent, and the scholarships were recently founded by Sir Milsom Rees. The next examination will be held in March, 1937. Candidates must be under 9 years of age at the time of competing, and the scholarships are normally tenable till the holder leaves the school. The holders will be selected at an interview in London from among those boys who have done best in some simple examination conducted in or near their houses. Applications for the scholarships must be addressed to the Headmaster, Port Regis School, Broadstairs, from whom full particulars may be obtained. The applications must be made not later than February 20th, 1937. —From the *Lancet*, November 3rd, 1934.

We are very pleased to insert the above notice, as the Scholarships were founded by an Old Bart.'s man. Sir Milsom would particularly like to have the sons of Bart.'s men as candidates for these scholarships. We are given to understand that if a sufficient number were to apply he might consider giving a special scholarship.

We can recommend this school very highly to old Bart.'s men.

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We have received the following appreciation of the Hospitaller, whose retirement was recorded with great regret in our last issue :

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## THE REVEREND JUSTYN L. DOUGLAS

"Knowing, as I do, Mr. Douglas's aversion from any form of self-advertisement or publicity, I feel I am taking my courage into my hands in writing this appreciation for the JOURNAL. It is an obvious duty, however, which has to be performed by someone of his many friends at the Hospital, and so, under cover of anonymity, I will make the attempt.

"There have been few figures more familiar, in the Square and in the wards, than his. At any hour of the day or night almost he might have been seen moving about, with that peculiar gait which never appeared hurried, but which was incredibly rapid, as those who have had occasion to run after him can bear witness, from ward to ward, from one block to another, varying his step with an odd, familiar hop and a skip, which took him up and down staircases in an amazingly short space of time. 'Where's the Vicar?' one would ask, and as likely as not one would see him appear that very moment out of a doorway, only to



be engulfed immediately in another unless he happened to stop to talk with patients round the Fountain, nearly all of whom he appeared to know intimately. It is really rather odd to reflect that the Vicar—he was never called the Hospitaller—was the incumbent of one of the City churches; it was, nevertheless, a status accepted by Mr. Douglas as one involving quite definite obligations which it was highly important should be observed. During the twelve years of his vicariate—he was presented to the benefice in 1924, after having been Assistant Hospitaller for one year—he has safeguarded the Hospital church with care and affection, rightly

regarding it as a peculiar and precious treasure, not only one of the City of London's treasures, but one of the Hospital's greatest possessions, with a significance and value quite unique in the history and continuity of the Hospital itself, as well as in its present life and interest. Observers will have noticed the steady adornment and enrichment of the church during the Vicar's incumbency; additions and alterations, cleanings and renovations have been made with almost unceasing regularity; but all has been done with vision and with purpose, as well as with good taste and judgment, and with the goodwill of the Governors and of those interested in all that the church represents. This careful attention to the Hospital church, moreover, was not paid on merely antiquarian or æsthetic grounds, but also with the view of enabling the church to fulfil its true purpose. It is quite lately that, in addition to all that has been done to the interior of the building, the Vicar has had the satisfaction of seeing the exterior of the church renovated and old and hitherto unsuspected beauties revealed.

"The church, however, provided the background to the Vicar's own work in the wards, and here, as so many patients would agree, he has been in his right sphere. It does not require any special knowledge or imagination to realize that the most valuable part of a chaplain's work lies in the personal contacts he makes with the patients, and the personal influence he exercises upon them; and here the Vicar has shown that he possesses just those gifts—bestowed by no means indiscriminately—of establishing bonds of friendship with the sick and suffering, whose value cannot be lightly estimated or appraised.

"His relations with the Staff, with the administrative, teaching and nursing Staffs, have always been most happy and sympathetic, his ready help and counsel have always been available to those who sought them, and it would be quite impossible to give an account of the wide range of interests upon which that counsel has been so often sought, from matters intimately affecting the tradition and progress of the Hospital down to the subject of amateur photography—an art concerning which he is an admitted expert. But it is, above all, as a spiritual guide to sick and suffering people that he has shown what a hospital chaplain can be and can achieve. Here, may it be added, he has always been aided, as in all the friendships he has made, by a sense of humour, spontaneous and subtle—a real refreshment to those privileged to know and enjoy it.

"He has felt that he should offer himself for parochial work once again, and so, after having refused many invitations to leave the Hospital during the last few years, he has accepted the offer of the Dean and Chapter of Westminster, and has been instituted as Vicar of

Godmanchester. He carries with him the good wishes of a wide circle of Hospital friends, as well as their deep appreciation and affection."

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"Why didn't he join the Society for the Relief of Widows and Orphans of Medical Men?"

This question, which comes so naturally to one's mind on hearing of the death of some young doctor who has left his family unprovided for, has been answered in many different ways. The commonest reply is that he had probably never heard of it, and, considering that the Society was founded in 1788, and is one of the richest of its kind in the United Kingdom, it is astounding how few medical men in London know of its existence.

Another reason for its neglect is that the Society is often regarded as being purely a charity, and the young doctor rarely has much money to spare for subscriptions which bring him nothing in return. But this is a provident society, and if a member should die before he has been able to make provision for his dependents, his widow and orphans receive in benefits much more than any insurance company could afford to offer them. The annual subscription is 2 guineas. One widow whose husband had been a member for nine years and had paid £18 18s. in subscriptions received £2272 in grants, and this is only one example out of a vast number which might be quoted to indicate how substantial may be the return for one's money.

It is true, however, that the Society is to be regarded as beneficent also, for if the third reason applies—that such assistance is very unlikely to be required—the subscriptions paid will help to alleviate the distress of the widows and orphans of less successful members. There must be very few of the younger members of the profession who are able to say for certain that their early death would not bring financial embarrassment to their dependents, and the question which we set out to answer therefore becomes a personal one—

"Why don't *you* join the Society for the Relief of Widows and Orphans of Medical Men?"

All those whose minds are sound and whose hearts are compassionate must wish to join the Society, and can do so by writing to the Secretary at the offices of the Society, 11, Chandos Street, Cavendish Square, W. 1.

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We congratulate Mr. C. Naunton Morgan on his appointment as Assistant Director of the Surgical Professorial Unit.



## LORD MOYNIHAN

**B**Y the death of Lord Moynihan of Leeds, St. Bartholomew's has lost one of the most distinguished of her select band of "perpetual students". For many years Moynihan had been the High Priest of surgery in this country, and his name will be remembered as long as any of the present generation of surgeons remain. In Leeds his name will be held in veneration as long as a medical school exists there, though elsewhere it will be his influence that will outlive the memory of his name. This prediction is not intended to belittle his surgical achievement—rather the reverse, for it is not by any one operation or clinical discovery that his reputation was made. There can be few men in the history of surgery who have influenced surgical procedure in Great Britain more profoundly than Moynihan. He arrived on the crest of the wave of surgical advance that has taken place during the last forty years, and he possessed qualities which enabled him to take supreme advantage of his opportunities. So far from suffering from "provincialism" in Leeds, conditions there enabled him to create surgical clinics, in hospital and in private practice, such as he could hardly have achieved in London, where the one-man clinic is manifestly unsuitable. Moynihan's intellect and personality inevitably drove him to dominate his associates and surroundings, and he would not have fitted easily into the surgical community of a London teaching hospital.

### The Great Surgeon

His capacity for organization was able to create in Leeds a surgical team of great efficiency, and to maintain a standard of surgical technique which was for many years in advance of any that was to be seen in the Metropolis. Moynihan achieved this by close attention to every detail of the work in the operating theatre, and by never resting content until all the materials that were employed and every instrument that was used were the best and most suitable that could be obtained. He developed the ritual of asepsis until no loophole could be found for the entry of unwanted bacteria into his wounds, so that a surgical operation conducted by Moynihan seemed sometimes almost more like a religious ceremony than a purely technical procedure. Finally he brought to the performance of his operations a fine judgment, and a pair of hands that can never have been excelled for precision, dexterity and gentleness. It was the last of these qualities that he liked to extol as the secret of successful surgery, and the loving care with which he handled his patients' tissues was a marvel to watch. Moynihan's operations never took

long, although he did not appear to hurry, for there was never a fumble or unnecessary movement. When he was not engaged in operative or clinical work his mind was apt to be engaged in thinking out improvements or new steps in his technique, so that few moments of his waking hours during many years were allowed to pass in mental lethargy.

### The Great Showman

All this technical perfection, however, could never have borne fruit had it merely passed before the eyes of his assistants and the students who happened to work in his wards. It exerted its influence because Moynihan possessed in an extraordinary degree the capacity for showmanship, and for communicating his methods and ideas to others. Onlookers were impressed alike by his words and his actions, so that the fame of his clinic soon spread far and wide. Hundreds of surgeons from every part of the British Empire and the United States visited his operating theatre, some of them many times, and there can have been few who did not in some particular modify their own procedure in the direction of gentleness and respect for the human body after witnessing Moynihan at work. In this way Moynihan influenced profoundly the surgical technique of his time, and no one was more aware of the fact than himself. He enjoyed the fun of personal success and the panoply of worldly advancement, but he cared more for the welfare of the art and craft of surgery, and he bent the whole force of his vivid personality towards that end. He excelled as an orator and as an inventor of the telling phrase, so that he could usually catch the attention and fix the memory of his audience. Oratory is perhaps a dangerous medium for the propagation of so exacting a science as surgery, and there can be no doubt that Moynihan's enthusiasm sometimes allowed his tongue to outrun his judgment. It was impossible, however, for him to advocate coldly, and little was lost by occasional exaggeration when so much was gained by the art with which his subject was presented.

Moynihan could write with much the same grace and facility with which he spoke. Yet he did not permit himself to run to waste with written words. His textbook in two volumes on *Abdominal Operations* is a classic in its own kind, and contains the greater part of his contribution to surgery as far as it could be put into words. It is written with literary skill and lucidity, and will only be superseded as technique inevitably changes.

Moynihan's influence on surgery did not end with perfect technique and polished periods. No one realized better than himself the capabilities of a personality such as he possessed, and by its means he set

himself to realize his visions. He envisaged a surgical periodical good enough to carry the message of British surgery everywhere. The result is the *British Journal of Surgery*, created by Moynihan and his willing band of collaborators, and acknowledged to be the best journal of its kind in the world. He envisaged a community of interest among the surgeons of Great Britain which could only be achieved by personal contacts and direct exchange of ideas. The result is the Association of Surgeons, created by Moynihan, and meeting yearly in private session, so that every surgical question of the day can be debated frankly and fully. He further envisaged a wider community of interest among the surgeons of Europe. The result is the Moynihan Travelling Club and its several imitators, all ultimately owing their existence to him, and year by year taking parties of British surgeons to every notable continental clinic. He envisaged a Royal College of Surgeons taking an active part in current surgical research, in addition to the more academic functions served by the Museum of the College in Lincoln's Inn Fields. The result is the Buxton Brown Research Farm at Downe, owing its existence to Moynihan's influence, which directed the impulse of a generous benefactor into the right channels.

Such, in broad outline, is Moynihan's contribution to surgery. Innumerable details might be added of his performance of this or that operation for the first time in Great Britain, of valuable clinical investigations carried out at Leeds under his inspiration, and so forth. Great, too, in the aggregate was the influence Moynihan exerted on the individuals who came within his orbit. Anyone who was privileged to enjoy his very entertaining companionship was not allowed to remain long in ignorance of his past achievement in any field of surgery that came under discussion. Moynihan's pleasure in his own brilliant record was too naïve, almost, to give offence, and it was always being offset by his intense awareness of the personalities and claims of others. He was an excellent, if disconcerting friend, for he was lavish in giving praise or reproof, and always it was the good of surgery that prompted his outspoken criticism.

Moynihan's contribution to surgery was as nearly complete at the time of his death as that of any man who ever laboured in that cause. Its full extent can never be known because its confines were so broad.

ST DAMIAN.

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The Editors will welcome contributions either in prose or verse. They will not be responsible for the loss of MS unaccompanied by a stamped addressed envelope.

## INFLUENZA AND THE FIRST-YEAR STUDENT

ABOUT five years ago W. G. Oakley and I appealed for help from Bart.'s students in an investigation into the common cold. A hundred men responded, offering to be inoculated with common cold material in the cause of science. Unfortunately their public spirit did not yield the results we hoped for, and, as you are only too well aware, the common cold is still with us. We were able with the aid of these volunteers to confirm the fact that there is something in infectious cold secretions which will pass a bacteria-tight filter, but we failed to confirm the claim of Dochez and his colleagues in New York that the active agent would multiply *in vitro* in their special culture-medium. Our results were recorded in this Journal in January, 1933, in a paper entitled "The Common Cold Wins the First Round".

At the present time my colleagues, Wilson Smith, C. H. Stuart-Harris and myself are engaged in pursuing the influenza virus, a close ally of the common cold. We had to ask for human volunteers to inoculate in our studies of colds, for no experimental animal was available, except the chimpanzee, but with influenza we are more fortunate, for ferrets, and later mice, have been found to be susceptible to infection with the disease. When influenza garglings are dropped into the noses of ferrets, they become ill forty-eight hours later, with high fever, weakness, sneezing, nasal obstruction and discharge, and loss of appetite. At the Medical Research Council's farm laboratories at Mill Hill we have a ferret hospital containing 32 small isolation cubicles. Very careful precautions are necessary in working with ferret-influenza, as one animal can readily infect another. Worse than this, one of us (S.-H.) was sneezed upon by a ferret this spring and developed a sharp attack of 'flu two days later.

### An Epidemic Coming?

By studying ferrets and mice we have found out a number of things about the agent of the disease; it belongs to the class of viruses and has a diameter of one ten thousandth of a millimetre. People who have recently had an attack of 'flu have, in their serum, antibodies which will kill or inactivate the virus. We estimate the potency of these antibodies by dropping mixtures of serum and virus filtrates into the noses of ferrets or mice; if antibodies are present, the animal fails to develop the disease. Three years ago, after a widespread 'flu outbreak in London, almost all Londoners had antibodies to the virus in their blood, whether or

not they had recently had an attack. To-day it appears that the antibodies of most Londoners are of very inferior quality, or not detectable at all. Does this mean that a 'flu epidemic is about to break upon us this winter? We do not know. We very much want to know whether poor antibodies in the community mean a likelihood that 'flu will turn up shortly.

There is another thing we badly want to know. We have found that the 'flu virus can be killed with weak formaldehyde, and that this killed virus, injected as a vaccine into ferrets or mice will stimulate them to produce potent influenzal antibodies in their blood. It will also confer upon them a considerable degree of resistance to infection if this is tested by dropping 'flu virus up their noses. We have injected this vaccine into ourselves and some of our long-suffering colleagues and have found that here, too, we can as a rule cause antibodies to appear or, if already present, to increase in amount. But we have not gone the length of inoculating these people with influenza virus up the nose, so we do not know whether their increased antibodies imply increased resistance to 'flu. By analogy with the animal experiments this conclusion should follow, but you never know till you try. Again, then, we find we are lacking in information as to the significance of the antibody level as regards immunity.

#### Volunteers Wanted!

We are now, therefore, asking for fifty first-year students to volunteer to help us. We do not wish to vaccinate them against 'flu; we would prefer them to remain unvaccinated. It is their blood we want, though only 5 or 10 c.c. of it. They are a particularly valuable set of people, at any rate to us, because they will be here for some time to come. We can estimate the antibodies in their blood now, and for a number of years to come we can find them once a year or so and try to discover what their antibodies are doing. We hope thus to learn whether there is any relation between 'flu epidemics and the antibody-level in a representative section of the community; whether or not their bloods will serve us as a 'flu-barometer. We hope also to learn whether, if there is a 'flu epidemic, those of them with good antibodies will be the ones to escape, while the others fall victims. If such proves to be the case, we shall be encouraged to hope that by pushing up antibodies by vaccinating people we are actually increasing their resistance to 'flu.

Now, suppose this epidemic comes, we shall not know whether these volunteers develop 'flu simply from what they tell us. It is pretty certain that several diseases are mixed up together under the name of "influenza". We are anxious, therefore, that any of our volunteers

who get what they think is 'flu shall communicate with us by telephone within the first twenty-four hours of their disease. They can ring up the National Institute for Medical Research (Hampstead 2232) and ask for me or Dr. Wilson Smith or Dr. Stuart-Harris; or they can ring up the Dean's office, whence a message will be sent along to us. We can then come and collect saline garglings from them and drop the same into the noses of ferrets at Mill Hill. We shall then have a good idea whether or not their "flu" is the variety we are studying. (Our private conviction of course is that it is "real influenza" we are studying, and that other kinds are spurious imitations.) Of course we may get a really big epidemic and we and all the volunteers may get the 'flu simultaneously, but let us hope not.

C. H. ANDREWES.

### PHLEBOGRAPHY

VISUALIZATION of the blood-vessels by means of injection of radio-opaque substances into the circulation is no new thing, and at present is especially of value in the investigation of arterial disease. The injection of thorotrast into the larger arteries produces excellent definition of the main vessels of the limbs and brain. The use of this method, however, gives no definition of the capillary circulation. It has been employed in the study of veins, by taking a plate at a longer interval after injection, but the difficulty of timing the arrival of the radio-opaque substance at any given point, and changes in concentration, render this method unsatisfactory, unless extremely complicated calculations are employed.

The injection of uroselectan directly into the venous system overcomes both these difficulties of timing and concentration; for it is possible to ensure that the substance is definitely in the field under examination at the time the film is taken, and the local concentration and radio-opacity are both high, and therefore give a picture with excellent definition.

#### Lower Limb Phlebography

The patient lies with the affected limb flexed, abducted and externally rotated. The opposite buttock is raised so that the lateral aspect of the affected limb is in contact with the X-ray plate. One vena comes of the posterior tibial artery is exposed by dissection above the internal annular ligament, and uroselectan is injected with a fine needle. A plate taken after the injection of 15 c.c. gives excellent definition of the posterior tibial and popliteal veins. Completion of the injection of 20 c.c. gives good definition of the femoral veins (Fig. 1).

### Upper Limb Phlebography

In the upper arm the arrangement of the venous drainage necessitates the taking of two plates. The



FIG. 1.—NORMAL DEEP FEMORAL VEIN SHOWING THE LARGE NUMBER OF VALVES.

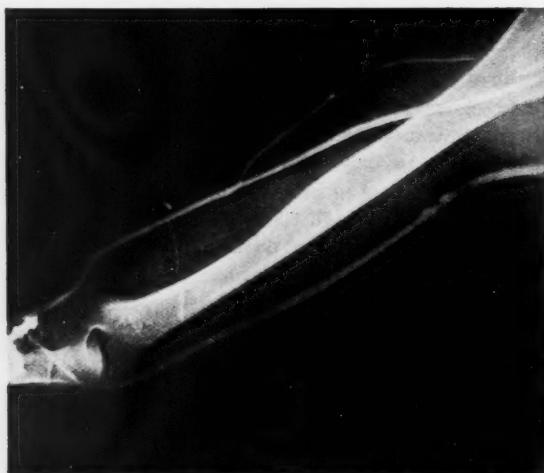


FIG. 2.—AFTER INJECTION OF THE MEDIAN CEPHALIC VEIN —SHOWING CROSS COMMUNICATING BRANCHES AND FILLING OF THE AXILLARY VEIN.

patient lies with the plate behind the shoulder and upper arm. Injection is made by subcutaneous puncture, 10 c.c. of uroselectan being injected in turn into the median cephalic (Fig. 2) and median basilic veins

(Fig. 3). The plate is taken on the completion of injection in each case.

In all cases the taking of plates at intervals after injection gives evidence of delayed emptying. The pictures obtained are of interest in illustrating the normal anatomy and valvular mechanism in the deep veins.



FIG. 3.—AFTER INJECTION OF THE MEDIAN BASILIC VEIN. NORMAL AXILLARY VEIN SHOWING NUMEROUS VALVES.

The clinical value of this method is chiefly in the investigation of obscure cases of unilateral œdema. It appears to have some therapeutic value in exposing areas of unsuspected thrombosis, excision of which has, in certain cases, resulted in improvement in the local condition.

G. C. KNIGHT.

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We have been asked by the Honorary Secretaries to announce that the Dinner of the St. Bartholomew's Cambridge Graduates' Club will be held at the Mayfair Hotel on Wednesday, November 18th, at 7.30 o'clock, when Dr. T. S. Hele, the Master of Emmanuel College, will be in the Chair. All Cambridge men are welcome, and will receive notices in due course. Let us, however, make this a reminder that those who have attended the dinner in previous years will not need. To those who have not—particularly the Freshmen—we have the greatest pleasure in suggesting that they allow nothing to keep them away, as a really delightful evening is certain to result, and the formation of what should be a very attractive annual habit.



## "TO A VERY WISE MAN."

SOON after the war I picked up a copy of Siegfried Sassoon's new poems in Rivers's rooms at Cambridge, and read the one entitled "To a Very Wise Man". Turning to the title-page I found it endorsed in the author's handwriting with the same phrase, and thus I learned what Rivers's help had meant to him. Now that he has told the whole story in *Sherston's Progress*, I think it may be not unfitting to remind Bart.'s men of one of their number who did so much to place British psychotherapy on a sound basis. I am emboldened to undertake this task because there cannot be so very many of us left who saw the evolution of Rivers in the earlier phases.

W. H. R. Rivers was house physician to Dr. Samuel Gee. He was to have succeeded E. G. Browne, who afterwards became Professor of Arabic at Cambridge. But Browne, fascinated by the delights of Persia, failed to return to take up his post, so Rivers held it for an unusually long period. Those of us who had the privilege of serving under that great clinician, Gee, were conscious of his indifference towards, if not actual dislike of, the psychological aspects of medicine. It may have been a reaction against this which led some of us subsequently to become interested in those aspects, though as far as I know, only Rivers and C. S. Myers ultimately devoted themselves entirely to them.

In 1893 Prof. McKendrick, of Glasgow, examined for the Natural Sciences Tripos at Cambridge, and reported unfavourably on the scant knowledge of the special senses displayed by the candidates. Michael Foster lost no time and brought Rivers to lecture on that subject. Two years previously he had brought Hugh Anderson from Bart.'s to demonstrate in Physiology. It is a testimony to Foster's extraordinary flair for choosing the right man that he was able to realize the great promise of those two shy retiring men from our Hospital. Nor was that promise unfulfilled, for just as Sir Hugh Anderson became one of the most powerful influences in the reconstitution of the University, so Rivers's leadership in psychotherapy became widely recognized.

Rivers became a Fellow Commoner at St. John's, and then I got to know him well. In those days he was very reserved in mixed company, and was hampered by a stammer which he had not yet entirely overcome. But if among two or three friends his conversation was full of interest and illumination. He was always out to elicit the truth, entirely sincere, and disdainful of mere dialectic. In the laboratory he devoted himself to experimental psychology of the Wundt type. In 1897 I got him to come and address the Abernethian Society. The occasion was not an unqualified success. He chose

"Fatigue" as his subject, and before he had finished his title was writ large on the faces of his audience. He had not yet acquired the art of expressing his original ideas in an attractive form, except in private conversation.

### A Decisive Expedition

In 1898 an event occurred which was not only a turning-point in his own career, but which was also fraught with far-reaching consequences to English medicine. Yet it was not initiated by a medical man at all, but by an anthropologist, Dr. A. C. Haddon, who organized an expedition to the Torres Straits, and took Rivers, William McDougall and C. S. Myers with him. They went as physiologists; they returned as psychologists. This was in effect the beginning of the new psychology in England. McDougall's work in this respect has been accorded a wide and popular recognition. Myers has placed the study of industrial fatigue on a scientific basis. Rivers went specially to investigate the vision of uncivilized peoples. He came to the conclusion that while no substantial difference exists between the visual acuity of civilized and uncivilized peoples, the latter show a definite lack of colour discrimination. I believe that the Homeric poems show a similar lack. This suggests that much of colour-perception is central rather than peripheral, psychological rather than physiological. It was extraordinarily fascinating to me to watch the evolution of Rivers from a physiologist, particularly concerned with the special senses, into an anthropologist, with a shrewd insight into the mentality of savages, based on a study of their sensory discrimination, and then into a psychotherapist. In my opinion, few were so well equipped to lay the foundations of a sane psychotherapy, for few psychotherapists had his biological training.

On his return he undertook the well-known experiments on cutaneous sensations in conjunction with Henry Head, who had the cutaneous nerves of his own arm divided and then sutured. Rivers carefully and laboriously studied the return of the sensations as the nerves regenerated. On these observations they built up their theory of protopathic and epicritic sensations. It was a real disappointment to Rivers that much of this work has not stood the test of time, and he never accepted its overthrow. Indeed he based some of his psychological views on these observations, regarding protopathic sensations as instinctive, while the evolution of epicritic sensations coincided with the development of reason. Most of us, however, would prefer to accept that merely as an illuminating illustration. But he also applied and extended Hughlings Jackson's great generalization of the three levels of the central nervous system in a remarkable way to explain

certain mental processes. As is well known, Hughlings Jackson regarded these three levels, reflex, sensori-motor and psychical, as representing successive stages in the development of the central nervous system, and maintained that in the disintegrative process of disease the highest, most recently acquired levels were the ones which would suffer first. Many symptoms of nervous disease were due to uncontrolled action of lower levels released from the restraint of higher levels. Rivers extended this conception by postulating a number of different layers, as it were, within the highest level. The development of the individual mind led to the formation of consecutive layers, each possessed of more reality-principle and self-control. But each individual started out equipped in these lower layers with earlier racial tendencies, which were held more or less in abeyance by the higher layers. One might compare this part of the brain to that deep cleft in the rocks near Garavan, where for 100,000 years men dwelt, each generation merely living on the top of the *débris* left by its predecessors. And now, as excavations have removed layer after layer, more and more primitive types of man are revealed. Just so, in disease and in dreams, this control of the higher layers is lessened and the older more primitive methods of thought reassert themselves. One can see, on this view, how natural it is for the sick person to revert to the primitive belief in magic.

Rivers did not accept Freud's conception of a censorship, but regarded the fantastic and symbolic forms in which hysteria and dreams manifest themselves as a regression to a lower level which was natural to the infantile stages of human development, individual or collective. He considered that a mental event could be relegated to the unconscious either by a conscious act of volition, in which case it could be recalled into consciousness, or by an "unwitting" suppression. This latter he regarded as a normal event in development, and pointed out that it would be very inconvenient to the butterfly if it did not completely suppress the motor responses which had been of service to it when it was a caterpillar. Thus we reach the higher levels of our nervous system on the stepping-stones not only of our dead selves, but of our long-dead ancestors.

### The War

But it was really not until the war that Rivers found himself and discovered his remarkable aptitude for treating the psychoneuroses. I think it was because he had had to heal himself that he could heal others. Anyhow his whole personality expanded as he grew to realize what was his true mission in life. Myers said, "He became another and a far happier man. Diffidence gave place to confidence, reticence to outspokenness, a

somewhat laboured literary style to one remarkable for ease and charm." Rivers himself said that after this war work "which brought me into contact with the real problems of life . . . I felt that it was impossible for me to return to my life of detachment".

Of his effect upon his patients Siegfried Sassoon has drawn a vivid picture: "Rivers never seemed elderly; though there were more than twenty years between us, he talked as if I were his mental equal, which was very far from being the case. . . . All that matters is my remembrance of that great and good man who gave me his friendship and guidance. I can visualize him, sitting at his table in the late summer twilight, with his spectacles pushed up on his forehead and his hands clasped in front of one knee; always communicating his integrity of mind; never revealing that he was weary, as he must often have been after days of exceptionally tiring work on those war neuroses which demanded such an exercise of sympathy and detachment combined. . . . Quiet and alert, purposeful and unhesitating, he seemed to empty the room of everything that had needed exorcising."

Cambridge just after the war was a strange place. Many returned thither after some years at the front and mingled with those fresh from school. There was a clash of temperaments and years. Would the old traditions re-establish themselves, or should we of the pre-war generation find ourselves strangers within the walls of our own Alma Mater? I have said before that Cambridge is adept at putting new wine into old bottles—and so it proved again. Amid changes the essentials remained. In that process Rivers played his part. His rooms were often filled with men of widely different points of view, who, however, agreed in this—that here was a man who could help them and who sincerely wished to do so. His brief incursion into politics I regretted as a distraction from the work for which he was best fitted. And then in 1922, just when his influence was at its height, he died. He lost his life through his consideration for others. He told his gyp not to trouble to come in one Sunday morning; he would get his own breakfast. In the night a duodenal ulcer perforated; he lay helpless and alone. When at last he was found, it was too late and he knew it.

"Comes the blind Fury with the abhorred shears  
And slits the thin-spun life. But not the praise"—

for his reputation is secure. There were enthusiastic psychotherapists before Rivers, but the orthodox profession were inclined to regard them as cranks. But Rivers's position as an academic scientist was unassailable, and his adhesion to this new branch of medicine commanded respect for it. For he was known to be "a very wise man".

WALTER LANGDON-BROWN.

## HALF-A-CENTURY AFTER LISTER

IT is but barely credible that a mere sixty odd years ago eminent London surgeons were saying that "an abdominal operation should be classed among the methods of execution", that the existence of germs was still a good music-hall joke, and that one in every three patients who submitted to surgical intervention of any kind died horribly of the universal scourge of the day—"hospital gangrene".

In those days every hospital ward in London had upon it, quite literally, the smell of death. In the eyes of the public, a card of admission to a hospital was tantamount to a death certificate. In military hospitals the death-rate was from 80 to 90%.

Surgeons operated in flowing beards and frock coats stiff with blood. On their ward rounds they were followed by a sister bearing a towel and basin of water that they might moisten their fingers after the examination of some suppurating wound, before passing to the next. And over all there hung the paralysing cloud of professional arrogance—as a contemporary observer said, "the colossal apathy, the monstrous inertia, the inconceivable indifference of the students and surgeons of London to new ideas".

In this atmosphere of 1877 two men entered King's College Hospital, one as a surgeon, the other as a student. The first, Joseph Lister, was an Englishman of fifty, who had been working along new lines in Glasgow and Edinburgh; the second, who is now one of King's most distinguished sons, Sir St Clair Thomson, was a young Scot just embarking upon his professional career.

Sir St Clair's story of his meeting with Lister, his experiences as dresser, house surgeon, and later friend and colleague of the great master, and of all the miraculous transformation of medical science which the work of Lister brought about, and which he has been privileged to watch and assist from its earliest struggles, formed the subject of his recent address to the Listerian Society of King's College.

When Lister chose "The Changes in Organic Matter Designated by the Term 'Fermentation'" as the subject of his inaugural address, the only comment of his fellow surgeons was "Such matters are no concern of a surgeon!"

As soon as he entered the wards he was at once subjected to the petty persecutions of the Nursing Sisters of St. John, who disapproved of his "excessive hand-washing", while his colleagues on the staff delighted in raising the usual sycophantic student laughter by calling on someone to "shut that door lest one of Mr. Lister's 'germs' gets in!"

In 1877, for the first time in history, Lister performed an operation for wiring a fractured patella. Surgeons were aghast at "this unwarrantable opening of a healthy joint". Had the patient died, Lister should have been prosecuted for manslaughter, they said. "C'est magnifique," one more cynical onlooker remarked, "mais ce n'est pas la chirurgie!"

The struggle of this gentle and long-suffering man went on for many years before acceptance and recognition came. Carbolic, corrosive sublimate and other chemicals were tried and discarded one by one in the search for antiseptics. Alone in the wards, Lister's cases escaped gangrene. "See, gentlemen," he would say to the half dozen apathetic youths who followed him upon his rounds, "See, the wound is quite sweet. Just a little serous discharge—that is all". But like most people who assist at miracles, their minds were upon other things.

One day as he entered the hospital he was met by Sir St Clair, then his house surgeon, and, putting his arm about the young man's shoulder, he began to speak sadly of the need for universal recognition of his doctrines. "I do not expect to see the day," he said, "but, Thomson, you may".

Within ten years Lister had received the first peerage ever conferred upon a surgeon, and had been hailed as one of the greatest minds in the whole history of medical science. Those who had been loudest in their sneers were now most vociferous in their acclamations; while Sir St Clair, who had himself been the first to introduce the doctrines of asepsis into Queen Charlotte's Hospital, was able to rise at dinner and remind his master of those earlier words, and to tell him that that very day in Germany a midwife had been arrested for not observing antisepsis. The battle had been won.

So in the lifetime of one man we bridge the gulf which lies between those days and ours—days which, as Sir St Clair suggested, might well be ranked "Before" and "After Lister", that great genius who "created anew the ancient art of healing, and did more in his own lifetime than all the surgeons of the earth had done since the era of Hippocrates".

G. F.

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### POEM.

A daisy grew,  
Too blue;  
Another grew,  
Too blue too;  
No one knew  
What made them blue.  
Do  
You?



## PLEASURE CRUISE

HAVING at last succeeded in deceiving the Examiners at Queen Square, George and I decided to have a holiday. We discussed ways and means. George, being the sort of fellow who can enjoy a fortnight in some outlandish place to which civilization has not yet spread, spending his days tramping the countryside and his evenings drinking beer with a few yokels in the village inn, was in favour of a walking tour in Ireland. I would have preferred a spell of *dolce far niente* at Bognor Regis, where the greatest call that can be made on one's energies is the early morning bathe—and even that is often avoidable without appreciable loss of dignity.

But I was soon to learn that Fate had other things in store for us, the first intimation being a quite unwarranted telephone call at 11.30 p.m. from George, who was obviously in a wildly excited state. I gathered from his rather incoherent conversation that he wished to repeat an earlier holiday adventure he'd had with his brother, except that I was to play the part of the brother. I remembered meeting this brother once at St. Ives, when he and George arrived in a dirty 30-ft. ketch, having crossed the channel from St. Malo. I remember that boat distinctly as an unpleasant blot on one of the prettiest harbours on the south coast, but they were both so proud of her that I refrained from expressing my natural distaste for their craft. These memories were vividly revived by George's 'phone call, and it was only after a tactful reference to the lateness of the hour that I managed to get him to stop talking about his marvellous old ketch and return to the matter in hand.

It appeared that the brother once upon a time owned a canoe—this was even before the ketch days—and that if it hadn't been sold at the local jumble sale it would be in the garage at home, and George suggested that it would be a good idea to borrow it for our proposed holiday. Being unable to think of a good argument against this idiotic plan, and hoping against hope that the canoe had been disposed of as jumble, I lamely asked what he intended to do with it if he found it. He wasn't quite sure, but promised to let me know; and since he took my reply to mean assent he rang off, obviously well pleased with himself.

Two days later he rang again and told me, to my dismay, that he had found the canoe, and had decided that we should take it to the source of the Thames and sail down, getting as far as we could in ten days. He made all the arrangements, and on the following Friday we made our way to Paddington in a taxi, accompanied by the canoe. I forgot to say that it

was a collapsible canoe, and could be packed in two canvas bags weighing about 100 lb. We had some trouble at the station, but the porter finally allowed us to take it on the train as camping kit. It all seemed to me rather undignified, but as George seemed deliriously happy I said nothing. We finally arrived at a place called Cricklade, which, according to George, marks the upper limit of navigation even for canoes. We found a rather pleasant pub and spent the afternoon ordering stores.

Next morning we borrowed a handcart from the hotel and loaded everything on it. We had two suit-cases, the boat itself, and a large soap-box filled with a more than adequate supply of food and drink. This we transported in the cart down a lane to the river.

We had some difficulty in putting the boat together, but finally we succeeded, and the result was, to my mind at any rate, rather impressive. I had never seen such a craft before, and out of an enormous number of odd parts we had produced a two-seater affair about 18 ft. long and 3 ft. wide. It was decked over except for a sort of cockpit 10 ft. long, and it resembled the Eskimo kayaks. We were able to stow our goods without difficulty, and I was surprised at the amount of room there was to spare. Finally, encouraged by the cheers of a crowd of delighted children from the village, we put her in the water and departed on our great adventure.

The Thames at this point is very charming. It is about 20 ft. wide and quite shallow, with a strong current, being well above the highest lock. After the recent heavy rains the river was high, and we made a steady four knots for the whole of the rest of the day without doing anything more than keep her straight.

The river here runs through pleasant farm-land, following a winding course between high banks, often overhung by trees. It was difficult for us to realize that this was part of "London River", with its docks and sailing barges and smells. We knew it from London Bridge to Gravesend and from Hampton to Richmond, and we were becoming acquainted with it above Oxford, but it was astonishing to think that such variety of scene was to be found in one and the same river.

We travelled throughout the whole of the first day, doing about twenty-five miles, and when we reached Lechlade at the end of it our only complaint was a certain soreness, for which we bought a couple of sorbo cushions. Lechlade is rather an attractive place and, if the guide-book is to be believed, has several "places of interest" in its neighbourhood. Neither George nor I were attracted by these, our place of interest being noted for a very pleasant brew which is not mentioned in the guide-books!



The river is wider here and is just beginning to be spoilt by the presence of other people. The previous day we had seen literally nobody, but from now onwards we were never far from motor boats and riverside bungalows, which do so much to spoil the beauty of the river.

Next morning George announced that we were to have another lazy day. Yesterday the current had done the work for us, but now it would be done by a strong westerly wind. He rigged up two masts, each of which was in two sections and jointed like a fishing-rod, and these took three sails—a jib, a large mainsail and a somewhat smaller mizzen. Apparently this was also a ketch rig, George said, though I wasn't quite clear why. I was more concerned for our safety. Here was a boat 18 ft. long and 3 ft. wide, drawing 4 in. of water, with two relatively huge sails and a couple of 6-ft. masts. I couldn't for the life of me see how we could possibly avoid capsizing, but George was quite satisfied. One reassuring fact was that he couldn't swim, which seemed to me clear evidence of his faith in the boat.

However, it soon became obvious that she was tolerably safe, for the wind was rather uncertain, with occasional nasty squalls, which in an ordinary boat would have necessitated a reef or two for comfort and safety. I suppose we were doing about six knots most of the time, and an easy eight in the squalls, yet at no time during that day did she even threaten to turn over, and my spirits began to revive.

She wasn't an easy boat to handle, for we had no rudder, and George steered with an oar over the side. At the same time he had to look after the mizzen, while I had my hands full with the mainsail and jib. The only real danger was in gybing. The mainsail could be made to behave itself as we could keep an eye on it, but the mizzen, being behind us and out of sight, was apt to swing across without warning and cause trouble. Every time this happened George had to change his oar from one side to the other, which meant that she was out of control for a few seconds and was apt to run for the nearest motor boat before we could bring her back on her course.

We were held up for two hours in the afternoon by rain. There was a canvas awning, which we fixed between the masts, and although we managed to keep fairly dry, we were unable to reach port until late that evening. A new feature, which we met for the first time that day, was the numerous locks, the highest being close below Lechdale. There are forty-five locks on the river, and we passed through forty-two of them in the course of our trip, at sixpence a time. Almost every one is a miniature beauty-spot, usually set in the midst of trees, with a well-kept garden ablaze with

flowers. There is an annual prize for the best-tended lock and garden, and the result is that the lock-keepers spend most of their spare time working for it. We were familiar with the well-known locks from Chertsey downwards, but those in the upper reaches are more favoured in that there are no houseboats and bungalows to mar their beauty.

We stopped that night at a village named Eynsham, which lies a few miles above Oxford, but we saw nothing of the place itself owing to the heavy rain which set in that evening, and continued as an incessant downpour throughout the next day. However, our inn was very comfortable, and we managed to save ourselves from boredom.

The following day brought promise of better weather, with a clear sky and a southerly wind. We were unable to make use of our sails owing to the bend which the river makes to the south as it runs from this point through Oxford, and we therefore had to make plans for a full day's hard work with the paddles. It was our intention to pass through Oxford and to reach Abingdon, about fifteen miles further on. At Oxford the river runs round the back of the town between factories and blocks of poor, rather dirty houses, and the water wayfarer stopping there for refreshment misses the impressive sights which Oxford has to offer to those on the road.

During the afternoon clouds reappeared and rain started again, but we decided to push on and reach Abingdon at all costs. We were wearing bathing-suits under our sweaters, so we discarded the latter and fitted the spray cover—a canvas affair strapped around our waists, which was intended to prevent any water from trickling into the boat. We carried on for about four hours in this fashion, and finally arrived at Abingdon about 7 o'clock, feeling absolutely exhausted. In spite of the spray cover everything was wet, including most of our clothes, and, to add to our misery, it took us about half an hour to find an inn. Even then the dinner wasn't as good as it might have been. Altogether rather a murky day!

Next day, our fifth, was nearly as bad, for it rained and went on raining as though it never intended to stop. George was bad-tempered, and I was beginning to feel the first symptoms of a cold in the head. I began to wish that I had been strong-minded enough to squash this hare-brained scheme at its inception, but truth to tell it had been rather fun at first, and while the sun was shining and the wind came from the right quarter life in a canoe on the Thames wasn't too bad. But to sweat back to London under our own power through blizzards and torrential downpours was more than we had bargained for.

However, the next day was fine, our troubles melted

away in the sunshine, and with a soldier's wind to help us we reeled off a very pleasant thirty miles to Goring. From here to Reading we passed through what is undoubtedly the most beautiful part of the river. It runs through large stretches of densely wooded hill slopes, and the banks are as yet unspoiled by the architectural atrocities which abound lower down.

I won't describe the rest of our journey in detail, for the river from Henley downwards is fairly well known and much less interesting. The only real fun we had was on the last day.

It was blowing half a gale and we were fairly whizzing along under our mainsail alone. George said that it would be fun to see what she really could do under full sail, so we hoisted the mizzen, and finally the jib as well. We passed several motor boats in the course of the afternoon, nearly capsized twice in squalls, and at last an extra strong puff carried away our mizzen. My only consolation was that the falling gaff hit George on the head, and though it wasn't particularly heavy, it had the full force of the wind behind it, and George's ear had to be repaired with strapping. It takes more than this, however, to damp his ardour, for he seems to expect and usually gets this sort of knocking about when on holiday.

We managed to reach Hampton Court on the tenth day, where we packed up, after having covered about 120 miles of the upper Thames. It was well worth doing, but next year I shall go to Bognor if George will give me my way. Unfortunately he has already bought a large-scale map of the Danube, which seems to me sinister, and it may be that my visit to the south coast will have to be indefinitely postponed.

O. I.

#### FABLE.

Two men began to practise physiotherapy; one was qualified, the other unqualified.

Patients were referred to the qualified man, and many of them recovered from their aches and pains. Because he was qualified, they felt that recovery was their due, and they paid his moderate fees without enthusiasm.

Patients flocked to the unqualified man, and many of them also recovered—after identical treatment. "But this is *marvellous*," they said; "He is an Unqualified Practitioner, and yet he is able to Cure us! He must indeed be—

"A GENIUS!!"

So they recommended him to all their friends.

F. H. K. G.

## SOME EDINBURGH JOTTINGS

THE agony of mind and apprehensions at leaving the Hospital, for the first time in thirteen years, for a "foreign" country was adequately dulled by a rapturous send-off by a very representative gathering at Euston. All good Scotsmen on crossing the border stand up and take a deep breath, discarding the residual air inhaled in England. I did not. I was unaware of the crossing. On approaching Auld Reekie the pall of smoke hanging over the city informs all knowledgeable Celts that they have arrived. I did not see it. My first conscious impression of Scotland came to me in a siding of the Caledonian Station. It looked much like any other siding of any other terminus. I gathered from the porters that I had arrived, and their gesticulations suggested that it was time to leave the train.

My first impression of Edinburgh, in contradistinction to Mr. Eric Linklater's criticism, was the extreme cleanliness of the city and its inhabitants, and the multiplicity of mendicant unemployed. The pall of smoke was not obvious in the city itself.

The first task of every intending student of the city's culture is the finding of suitable accommodation. Edinburgh landladies, however, make this no easy matter, exhibiting a characteristic dourness and suspicion in dealing with what they seem to regard as an unwelcome addition to the household. While the name of St. Bartholomew's is a passport to every faculty in this University City, these pachyderms generically refuse to exhibit the enthusiasm betrayed by the professorial fraternity.

Most of the students live in residential colleges or hostels, which provide good quarters at very small cost. The hostels are self-governed by a committee of students, who are responsible for discipline to the University authorities.

I had been led to suppose, partly, perhaps, by *The Wind and the Rain*, that Scots medical students were a wild and woolly lot, and I was therefore much surprised to find them earnest and studious, comparing very favourably with their southern *confrères*. They have little opportunity of evading their labours, even should they so desire. Their curriculum is full and time well occupied. The pre-clinical curriculum closely resembles our own, but is frequently punctuated with class examinations, the passing of which is obligatory before progressing to the next term's work. The examination pass-lists are high, because men are not permitted to sit unless their chiefs consider them to be well up to standard.

The teaching of clinical subjects differs considerably from our own. Surgical "firms" may have as many as 50 or more dressers, which prevents the intimate contact with patients afforded in most London hospitals. This is partly due to the number of medical students, and partly to the fact that university terms are kept. Cases have to be taken in groups, a quarter of the ward being allotted to 10 to 15 dressers, any of whom may be called upon to read his note during a round. It follows that dressers have less opportunity for bedside study. They seldom have much time for practical work in the wards, although, as usual, the keen student manages it by remaining "up" during the vacations. A typical day would be:

Lecture . . . . .	9 a.m.
Ward demonstration . . . . .	10-11 a.m.
Operations . . . . .	11-1 p.m.
Ward round . . . . .	2 p.m.
Pathology lecture and practical class	4-6 p.m.

A scheme of lectures is in force in which an attempt is made to consider disease from every angle, and bridge the gulf between medicine, surgery and pathology. For example, lectures and demonstrations in the medicine, pathology, surgery and pharmacology of the stomach ran concurrently, enabling the student to grasp every aspect of the disorder in question.

Attendance at operations is compulsory, and a roll is taken, though scarcely necessary, since the theatre teaching is one of the most instructive classes of the day. Each case is reviewed thoroughly and the prospective findings enumerated. Each stage of the operation is well demonstrated, the table being turned this way and that, so that all may see. Attention is stimulated by frequent questions. The theatres are constructed like lecture theatres, with a semicircular, exposed gallery, from which a surprisingly good view is obtained. Only the dresser of the case is allowed on the floor, and takes no part in the operation. Specially selected senior dressers called "juniors"—men in their final year who are prospective house surgeons—fetch the patient from the ward, anaesthetize the patient under the supervision of the visiting anaesthetist and carry out generally the work of theatre orderlies. As might be expected in the home of Simpson, chloroform is still used. It is pleasant so see once again "the rag and bottle" so deftly wielded. Induction was rapid and smooth, abdominal relaxation all the surgeon could desire. At no time did I see a patient give rise to anxiety or depart from his corpse-like appearance. Death under anaesthesia is a very rare occurrence, and the small number of "post-operative chests" rather striking.

The Out-Patient Department is in charge of two casualty surgeons, one of whom is always on duty and

sees all fractures and serious cases. Clean cases are segregated from the septic ones, thus avoiding the necessity of dressing a recent clean wound in the proximity of a festering sore. Boils and small abscesses are opened in a small operation room adjoining the septic dressing-room. The "major" minor operations are performed by the casualty surgeons in the Out-Patient Theatre. This theatre resembles the major operation theatres and has a large gallery, where students attend to watch the work, thus inculcating good technique for minor but important procedures. The orderly appearance and lack of crowds of waiting patients struck me very forcibly. In a typical examination room there is provision for the patients, and on adjacent benches for their friends and relatives. The opposite side of the room is divided into cubicles containing examination couches and trolleys for instruments. After examination the patient is drafted to the appropriate department, or sent for treatment to one of the city dispensaries. The Out-Patient Department is thus able to act in a consulting capacity as a general hospital should, continuation of treatment being carried out elsewhere. The Department is equipped with an excellent diagnostic X-ray service. Recent fractures are X-rayed, reduced and re-X-rayed in the minimum time, all wet plates being seen by the casualty surgeon before the patient leaves. Although the Out-Patient Department is small, the excellent organization and constant presence of a skilled opinion whose decision is final prevents waste of time and congestion, minimizing the number of hands a patient has to pass through prior to treatment.

My time in Edinburgh was short, and my programme full, yet there was time to study other things beside "legitimate medicine". In Edinburgh there resides a healer through whose consulting-rooms there is a constant procession of the infirm. It is a pleasure to see cripples hobble in and walk out with a sprightly gait. A visit to Dr. Kelman Macdonald's consulting-rooms and an opportunity to see the celebrated exponent of osteopathy at work was a great pleasure and a source of inspiration to me.

This magnetic personality impresses upon the most sceptical visitor that osteopathy cannot be dismissed as mere quackery. Distinguished in the realm of medicine, Dr. Macdonald saw the value of osteopathy while in America, and returned to this country a convert to the science. A man of sound clinical judgment, he realizes the limits of osteopathy, and only those cases that come within this category are treated by him. Many of his cases consist of "chronics" in whom their doctors have long since ceased to take an active interest, cases that are regarded as "snags" in most hospitals—a fact which makes their treatment and cure all the more

instructive. It would be unsuitable in these brief notes on my Edinburgh impressions to describe the cases and technique of treatment that I was privileged to see, but they will always remain in my memory as serious food for thought.

Six months pass very rapidly, and many things I should have liked to have seen remained unseen, but I shall always retain the happiest of memories of the extreme kindness and hospitality of my friends in Auld Reekie.

A. M. B.

## "THE INTRUDER"

### A STUDY IN INTROSPECTION

"TO those who have the . . . wit to see behind this confused drama a hidden meaning the play may serve some useful purpose. To others it will appear but as a badly told story." With these words Mr. Kenneth Walker launches us upon his self-portrait, *The Intruder*, recently published by Lovat Dickson (9s.).

Of course Mr. Walker is quite incapable of telling any story badly. Whether he is describing French royalty in Iceland, mangled cooks in Africa, or champagne therapeutics in Buenos Aires, he catches the interest of his readers with brilliant ease.

Born the youngest of three, and probably a late child, of eminently stolid and unimaginative Scots parents, he rapidly developed into the highly intelligent, imaginative, introspective and rather neurotic boy which we would anticipate in such circumstances.

Though Mr. Walker is no Proust, it was not long before he recognized within himself four characters (among many minor ones), who were long to determine his life course. They were a stoical redskin, an egotistical adventurer, a crusading-missionary in search of a cause, and a "Great Man". As Mr. Walker does not subscribe to orthodox psychological theories, the essential oneness of all these figures cannot be demonstrated here.

But on a few rare occasions, once, upon first seeing the Sphinx, again on visiting the Taj Mahal, and later upon looking down from a plane on the Battle of the Somme, he believes a being of higher consciousness, "The Intruder" himself, interrupted the pleasingly romantic antics of his quadrumvirate. While we may, perhaps, not share Mr. Walker's external stimuli, we have probably all shared his experience. Our interpretations of it will naturally vary. Mr. Walker gives us to understand that his has changed his life.

Upon this rather tenuous philosophical background the exceedingly interesting life of Mr. Walker as lived

by his four friends reveals itself. Mr. Walker himself says he had nothing to do with it.

The first few decades were spent in travel, work and living down the awful disabilities of the English Public School. The four were ingenuous and snobbish at first, but they tried anything once, and eventually finished up endeavouring to extract enough in fees from the Argentine to come home and enter politics. Whatever their origins, in their actions they were extroverts.

During the war they did valuable work as consulting surgeons, investigating shock in the front line. And after the war, having hoped at least for a D.S.O., they wrote a very beautiful letter to the Minister for War explaining to him precisely what to do with the O.B.E. A spirited quartette.

The quadrireme now felt that it was time to anchor, and put into the peaceful haven of Harley Street, where it has remained very comfortably docked ever since. The old sea-going days are over.

The author ends his book with a flourish of Plato and some very guarded philosophical hints. Our late contemporary, Mr. Gerald Gould, of the *Observer*, confessed that though he had read several times over what Mr. Walker here records, he was no nearer to getting at the meaning and his essential questions were left unanswered. In other words, "wit to see" is not enough. Nothing but inside information is likely to clear up the reader's difficulties, and this Mr. Walker, who does not believe in broadcasting philosophy, has apparently no disposition to give, but seems to say, rather archly, "I know something that you don't know", and runs off chuckling happily in the direction of the South Downs. In this sense, then, the book is unsatisfying and tantalizing. Perhaps it was meant to be so.

## NEW SQUASH COURTS

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‡ Bedfordshire . . . . .	45	18	6	(9)
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‡ Derbyshire . . . . .	19	14	0	(4)
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‡ Durham . . . . .	17	7	0	(4)
‡ Essex . . . . .	267	3	6	(23)
‡ Gloucestershire . . . . .	257	5	6	(29)
‡ Hampshire . . . . .	1,519	4	6	(134)
‡ Herefordshire . . . . .	17	12	0	(4)
‡ Hertfordshire . . . . .	107	13	0	(21)
‡ Huntingdonshire . . . . .	5	5	0	(1)
‡ Isle of Wight . . . . .	191	13	0	(13)
‡ Kent . . . . .	588	5	0	(72)
‡ Lancashire . . . . .	127	14	6	(16)
‡ Leicestershire . . . . .	142	0	0	(8)
‡ Lincolnshire . . . . .	61	9	0	(18)
‡ Middlesex . . . . .	497	14	0	(34)
‡ Norfolk . . . . .	178	0	6	(21)
‡ Northamptonshire . . . . .	59	14	6	(6)
‡ Northumberland . . . . .	101	1	0	(2)
‡ Nottinghamshire . . . . .	24	3	0	(5)
‡ Oxfordshire . . . . .	231	15	0	(22)
‡ Rutland . . . . .	1	1	0	(1)
‡ Shropshire . . . . .	38	1	0	(10)
‡ Somersetshire . . . . .	2,837	6	4	(28)
‡ Staffordshire . . . . .	194	18	0	(6)
‡ Suffolk . . . . .	331	0	6	(26)
‡ Surrey . . . . .	523	18	6	(62)
‡ Sussex . . . . .	752	4	6	(63)
‡ Warwickshire . . . . .	214	19	0	(24)
‡ Westmorland . . . . .	2	10	0	(1)
‡ Wiltshire . . . . .	1011	12	0	(13)
‡ Worcestershire . . . . .	161	1	6	(25)
‡ Yorkshire . . . . .	353	6	6	(29)
‡ Wales . . . . .	69	12	0	(20)
‡ London . . . . .	6,894	15	2	(229)
‡ Channel Islands . . . . .	20	0	0	(2)
‡ Scotland . . . . .	15	5	0	(5)
‡ Abroad . . . . .	119	1	0	(13)
‡ South Africa . . . . .	376	15	6	(20)
‡ Canada . . . . .	114	3	6	(8)
‡ East Africa . . . . .	87	12	0	(10)
‡ West Africa . . . . .	146	10	0	(5)
‡ India . . . . .	207	12	0	(13)
‡ Ireland . . . . .	25	4	0	(4)
‡ North Africa . . . . .	1	0	0	(1)
‡ North Borneo . . . . .	10	10	0	(1)
‡ Australia . . . . .	130	10	0	(8)
‡ China . . . . .	52	8	4	(9)
‡ Siam . . . . .	10	0	0	(1)
‡ France . . . . .	50	0	0	(1)
‡ British West Indies . . . . .	65	8	0	(7)
‡ Straits Settlements . . . . .	7	1	0	(3)
‡ New Zealand . . . . .	6	1	0	(3)
‡ Services . . . . .	654	14	6	(49)
Others . . . . .	72,422	18	4	(576)
Lord Mayor's Appeal . . . . .	17,990	16	0	
Funds of College . . . . .	8,000	0	0	
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£180,132 11 11

\* Number of Bart.'s men subscribing. † Number of Bart.'s men in County. ‡ Counties with Secretaries.

## STUDENTS' UNION

## RUGBY CLUB

## St. Bartholomew's Hospital v. Old Alleynians

Played at Dulwich. *Lost*, 21—6.

Warm sunshine and soft breezes greeted us for our second match of the season, and a fine stretch of turf induced us to say: "Ah! a grand day for the backs". **Alas! it was not to be.** The backs had a bad day; perhaps it was too early in the season, perhaps the ball was unusually light; whatever the reason may have been, the back play was poor, and little consolation can be drawn from the fact that the opposing backs played not much better.

Hearn, at the base of the scrum, played with plenty of dash and vigour, threw out some excellent passes, and occasionally broke through on his own, *but too often found himself unsupported*; his partner, Leybourne, after a shaky start, improved considerably as the game went on.

Candler, playing in the centre, showed unusually poor form, much of which can possibly be ascribed to a total lack of support from his fellow three-quarters. Although he himself did a few clever things, the line as a whole showed a complete lack of combination, and, with the exception of Candler, a hopeless lack of pace. **It is a matter for surprise that men who have, presumably, been playing Ruggier for years should not have learnt to take and to give passes while running at speed.** Pleydell, on the left wing, had not a bad first match. Berry, at full back, had an off day.

The forwards, all of whom played well, did very well in the tight scrummages, getting more than their fair share of the ball; frequently they made a lot of ground by good rushes, and their backing-up was much better than usual—it was good backing-up which gave Mungavin both our tries.

The Alleynians played even worse than we did, except that they accepted the opportunities which bad play too frequently offered them.

## St. Bartholomew's Hospital v. Old Blues

Played at Winchmore Hill. *Won*, 6—3.

Before only a moderately-sized gate, we recorded our first victory of the season, after a close match, against the Old Blues.

The return of Evans and Griffiths and Youngman to the three-quarter line resulted in an improvement in the back play, especially as regards speed, which was a pleasant contrast to the week before.

The forwards played less well against a mediocre pack, their opponents giving as good as they got in all departments of the game. Our main advantage was in the middle, where Leybourne, Candler and Evans were in excellent form; Leybourne took some very peculiar passes with great skill, and played with a dash and verve which was good to see; **it was a magnificent run of his which led up to our try**, which was actually touched down by Captain Newbold, backing up well. Candler made some noteworthy runs through the middle, but too often his kick ahead was not well placed; Evans ran strongly, but spoilt several fine efforts by delaying his pass too long.

Berry was in better form at full back, but would convey a greater feeling of confidence if he would give up waiting for the ball to bounce.

Of the forwards, Newbold, Mundy, Wilson and Irving were the best, and King kicked a good penalty goal.

## St. Bartholomew's Hospital v. Cambridge University

Played at Cambridge. *Lost*, 45—0.

**"Alas! unheeded of their doom the little victims play."**

On the road to Cambridge, during lunch, and on the Rugger ground itself before the match, all was gaiety and badinage. And afterwards?—well, *solace may be obtained in Cambridge.*

Little need be said of this match except that we were outplayed at all points; the forwards had a distressing afternoon chasing eight men who were faster and fitter than themselves, who practised the art of backing up both in attack and defence, and obtained the ball from every scrum and every line-out, except, possibly, once or twice in each half; we did, indeed, achieve some loose rushes which gained a deal of ground, and with the aid of the wind we kept the game almost as much in their half as in ours.

The backs had little to do but defend, which they did slightly better than the score would suggest; Marshall, playing for the sadly missed Candler, did as well as anybody, and Hearn, at the heels of a beaten pack, somehow managed to play good football.

The loss of Captain Newbold early in the game was a bitter blow.

associated as it was with sundry other minor casualties. Swinstead displayed as much timidity over the prospect of being stitched up by Windsor Lewis as some of his own more nervous patients in the Surgery may have done.

#### St. Bartholomew's Hospital v. London Irish

Played at Sunbury-on-Thames. *Lost*, 25—0.

Sundry old gentlemen and disabled warriors gathered on the touch-line in the full expectation that Bart.'s would at least beat a bunch of expatriated Picts and Celts; *such overbearing arrogance was fated to melt in Hibernian fire.*

Although the backs did not cover themselves with glory, the chief fault lay with the forwards; seldom have I seen an effete exhibition of rugby football by a supposedly first-class side. If the tight scrums were poor, *the loose scrums were unspeakable*; there was no cohesion, no dash, no attempt at recovery. Gone are the days when one could hear a Bart.'s forward tackle; now one cannot even see it; it seems to be a case of "Your turn, dearie"; **meanwhile some puny little fellow has run right through the middle of them.** Graham, a newcomer to the pack, was the sole exception to this no-tackle rule.

Hearn played his usual dashing game, Candler and Evans did a few good things, and the wings got very few chances and did not use them. Leybourne again took some tricky passes, but his own passing was not above reproach; Berry made a few good kicks, but was too often out of position and was much too slow in coming across.

*In the words of the schoolmaster: "Can do better".*

#### HOCKEY CLUB

For the 1st XI the season has opened extraordinarily well.

Of three matches played, two have been won and one lost. Much new talent has been unearthed, and when the side is welded together it should hold its own with any.

#### St. Bartholomew's Hospital v. Beckenham II

Played at Beckenham. *Lost* 2—3.

This was the first match of the season, but, in spite of that, the side played very well together and there were many sparkling movements. M. E. Moore in goal played a stalwart game and he was rather poorly assisted by the backs, who had an off day. The game was hard and fast throughout, and their forwards had just that little extra finish which ours lacked. At half-time they had scored two goals. From the restart our forwards attacked, and after pummelling away on the circle Roberts and Harrison pushed the ball into the net. Their forwards were playing extremely well, but were checked by the admirable defensive work of the three halves. P. W. Isaacs at centre-half seemed tireless. After many good passing movements among our forwards Roberts finished off a sound piece of play with a shot which beat the goal-keeper. 2—2. At this stage of the game their forwards produced that little extra "bit of grit", and the game ended with a win to them by 3 goals to 2. A most enjoyable game.

#### St. Bartholomew's Hospital v. R.M.A. Woolwich

Played at Winchmore Hill. *Won*, 3—2.

This was a Wednesday, and we were handicapped by the absence of several regular players. As a result the game was a scrappy one. Two pretty goals scored by Roberts at inside-left turned the tide, and we eventually won by 3 goals to 2. Rather a poor game, with a very lucky winning side.

#### St. Bartholomew's Hospital v. St. John's Hospital, Cambridge

Played at Cambridge. *Won*, 6—1.

It was an ideal hockey afternoon, and the side as a whole played together well; the forwards especially excelled themselves. For the first ten minutes play was in midfield, with our forwards always looking dangerous. After a good passing movement on the left wing Newcombe bored on towards the circle and scored. This was followed up by a good shot by Heyland from a short corner which left the goalkeeper standing. Immediately afterwards Harrison made full use of his weight and speed, and made the score 3 goals to nil. In the second half we continually pressed and produced some pattern-like movements. Masina, at left-half, throughout played a stalwart game and seldom let his man through. Soon after the restart Harrison produced some really fine stick-work and scored a beautiful goal. Heyland added to the score by finishing off a

movement in which all the forwards had a hand. Our backs had a moment's lapse, let their forwards beat them, and the shot from which they scored left Moore very little chance to stop. Just before the whistle went for time Harrison raised our score to 6. The final score was 6—1. It was rather a one-sided game, but was hard and fast throughout.

Up to date the results of matches are:

- 1st XI v. Beckenham II. *Lost*, 2—3.
- v. R.M.A. Woolwich. *Won*, 3—2.
- v. St. John's, Cambridge. *Won*, 6—1.

#### ST. BARTHOLOMEW'S HOSPITAL GOLFING SOCIETY

The Ninth Autumn Meeting of the St. Bartholomew's Hospital Golfing Society was held at Hadley Wood Golf Club on Friday, October 2nd.

The weather was good and the course was in excellent condition, although most players considered the greens difficult. Twenty-five players took part in the Milsom Rees Cup, and the winner was Dr. G. T. Hankey. Eighteen players stayed to supper after playing nine holes in the foursomes competition.

The following is the result of the competitions:

##### Winner of the Milsom Rees Cup:

- 1st. Hankey, G. T. (3 up).
- 2nd. Leishman, A. W. D. (1 up).
- 3rd. Barnes, W. A. (all square).

##### Best score for the last nine holes:

- Hankey, G. T. (1 up).
- Milner, J. G. (1 up).
- Barnes, W. A. (1 up).

##### Scaled handicap:

- Barnes, W. A. (2 up).
- Parrish, J. (2 up).
- Cooper, A. B. (1 up).

##### Foursomes.

##### Best score for the first nine holes:

- Youngman, J. G., and Hankey, G. T. (1 up).
- Barnes, W. A., and Francis, C. A. (all square).
- Brewer, H. F., and Beattie, J. (all square).

##### Scaled holes:

- Barnes, W. A., and Francis, C. A. (2 up).

#### FENCING CLUB

The Club fought Guy's, the London Hospital and Dulwich College during October and won all three matches.

The following engagements for November have been arranged:

- Wed., Nov. 4th. Croydon F.C. Home.
- Sat., " 14th. Westminster School. Home.
- Tues., " 17th. Imperial College. Away.
- Wed., " 18th. Whitgift School ("A" Team). Home.
- Sat., " 21st. St. Thomas's Hospital. Away.

#### AMATEUR DRAMATIC SOCIETY

The forthcoming production of the Society will be *Bees on the Boal-deck*, the recent J. B. Priestley success.

##### Play-Reading Group

In Mr. Architect Paget's "olde Englisshe" beamed and panelled, but electrically lit retreat in Cloth Fair, the culture-seeking members of the junior A.D.S. met to hear square-jawed Surveyor Scott tell of his work preparing new air trails over the Greenland ice-cap.

Pleasingly wind-swept beside his blackboard, Mr. Scott, who is no relation of the explorer, compared life in an igloo to that in a Turkish bath. "You keep clean by sweating" explained the intrepid surveyor.

Salmon was so plentiful that it was eaten wholly by the dogs. *Mr. Scott and friends ate the roes.* Another feature of Mr. Scott's diet was a tasty 3-in. slab of porcupine fat served in a cigarette tin and tantalizingly consumed before his fatless colleagues.

From these dietetic refinements the epicureans passed easily to the better-known delicacies of the Paget supper table.

## CORRESPONDENCE

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—I did not know you were going to print my long, though inadequate letter, but since you have so honoured me, may I make a small but important correction?

I am made to impute to Mr. Hastings the view that "at present it is hardly possible to treat any panel patients without ulterior considerations". What I meant to write, and hope I did write, was "any but panel patients"—a very different proposition.

And since the letter has been printed may I add this much—that the root of the matter (which neither Mr. Hastings nor Dr. Evans seems to me to have touched) is, surely, the question of freedom.

No State, however democratic, and no department of State can allow untrammelled freedom of action, of expression or even of judgment to its servants.

The R.A.M.C. officer, the member of a medical board, the medical officer of a clinic all inevitably suffer some curtailment of their professional liberty. There is appreciably less freedom in "panel practice" than in "private practice", and the considerable degree of freedom that the panel practitioner enjoys depends in part on the simultaneous existence of independent practice.

No doubt we sometimes abuse it, yet, if truth is to prevail and if the science and art of medicine are to live, and the doctor to keep his soul intact, freedom we must have.

We are offered co-ordination, increased leisure, opportunities for research, relief from fee-charging and competition and a lightening of the burden of responsibility in return for our freedom.

As so often, when payment is to be made on the instalment system, the price is not mentioned, but it will be cumulative and heavy, and I firmly believe the bargain would be disastrous. I trust we shall never make it.

L. W. BATTEN.

12, Lyndhurst Road,  
N.W. 3;

October 20th, 1936.

## REVIEWS

**Handbook of Urology.** By V. C. PENNELL, F.R.C.S. (Cambridge University Press.) Pp. 223. Price 7s. 6d.

Mr. Pennell's well-known principle of wasting neither his pupil's nor his own time is brought into effect in this volume with a something which almost smacks of virtuosity. In contriving to cover the whole of this large field in 223 pages the author has had perforce to abandon all anecdote and metaphysical asides, and, very properly, deliver himself at once to essentials. The result is naturally somewhat Lenten fare. Here are neither *hors d'œuvre* nor sweets but pretty finely minced meat.

There is an excellent chapter on the significance of symptoms—a positive Open Sesame for Queen's Square—and the chapter of investigation is more than an adequate summary in which the emphasis is rather upon observation and common sense than the telescope of high pathology. It seems curious in discussing the treatment of strictures that the use of a curved Kollman should be recommended, as the instrument is regarded in some quarters as merely liable to give temporary stretching to the lesion and permanent impairment to the sphincter.

He also recommends the passage of this machine upon the neurotic. It is to be regretted that Mr. Pennell has confined himself merely to recording this injunction.

A most grave defect of this book, which only sets out to be a handbook or summary, is the complete absence of reference to more detailed volumes and original papers which would give particulars of methods and researches acceptable to the author.

Other chapters deal with methods of anaesthesia, and the author greatly favours spinal anaesthesia for urological work. Genito-urinary tubercle, despite the fact that the author is a practical clinician, might well have been given a more detailed pathology. There is also a useful urological pharmacopoeia in which we were glad to find gin had a place. However, with this valuable drug the author departed from his practice of naming a manufacturer, and we are left without a really authoritative canon of excellence.

In his introduction the author states: "If a certain dogmatism has crept into the text it represents only the considered judgment of the author, after weighing the evidence as he has heard and seen it, together with a laudable desire to avoid a still further loading of

the already crowded medical curriculum." Now this is most fair, and to some extent explains the absence of references. Mr. Pennell's most valued references are his own patients.

In conclusion your reviewer would say that while this book has value, it has more value to those who have experienced the teaching of its author and understand his individual outlook, and that it will find a place, not too distant, upon your critic's shelves.

**Absorption from the Intestine.** By F. VERZAR, Professor of Physiology, Basle, and E. J. McDougall, Ph.D. Monographs on Physiology. (Longmans Green & Co., 1936.)

Theories of intestinal absorption have covered a wide range of physical, chemical and physiological phenomena. The following physico-chemical processes—filtration, diffusion, osmosis, surface activity, change of permeability, electro-osmosis, kataphoresis and hydrotrophy—have been supposed by different authors to play a major part in absorption. The following physiological processes have also received much consideration: phagocytosis, nervous influences, blood circulation, movements of villi, hormones, vitamins, specific ions (e.g. calcium).

Verzar and McDougall commence their book by discussing the merits of each of these processes. They then describe, in detail, the histology of villi, the mechanism of their movements, the nerve centres for these movements, and the influences of chemical substances on them. From page 71 onwards the authors consider in turn the absorption of water, alkali salts, heavy metals, carbohydrates, fats, lipoids and related bodies, pigments, proteins, purins, alcohol, organic acids, products of bacteria, enzymes, dyestuffs, gas and corpuscular elements. They conclude that, in the small gut, diffusion and osmosis are always the chief forces causing absorption. On the contrary, filtration, under a high hydrostatic pressure, is the main factor of absorption in the large gut. Movements aid by accelerating these processes, particularly the individual movements of the villi. In the case of no single substance did they find it necessary to suppose the existence of special vital forces to bring about absorption.

This book is an excellent example of the carefully reasoned application of physical chemistry to an essentially biological process. The illustrations are excellent.

**Vitamins and Other Dietary Essentials.** By W. R. AYKROYD, M.D. Second edition. (William Heinemann (Medical Books), Ltd., 1936.) Price 7s. 6d.

Dr. Aykroyd has made a fair number of alterations and deletions in the second edition of his book, which is published only four years after the first one. His book is written in a most attractive style, and although it does not contain tables of food values or vitamin contents of food, should be of great interest, not only to the doctors, medical students and nurses, but also to all those who are interested in nutrition. The first four chapters contain an excellent account of the physiology of proteins, fats and carbohydrates, and should attract students who have been bored with these subjects in their textbooks of physiology, and forgotten them as quickly as possible. The next nine chapters are concerned with the vitamins A, B, C and D, and the importance of mineral constituents of the diet. The description of the diseases with which they are concerned is very clear and easily understood. The last six chapters are, in many ways, the most interesting in the whole book, as Dr. Aykroyd writes about the dietary value of foodstuffs, factors governing dietary habits, nutrition, physique, health and the perfect diet. The instances of actual disease and of ill-health and lack of energy resulting from badly-chosen diets are most interesting. The wider use of this new knowledge will surely improve the general health of mankind and its animals, but the improvement in health of the backward communities will raise many other problems.

**Peeps on the Nursing Trail.** By DERRY DOWN; with a Foreword by Mrs. ROME, R.R.C., Matron in Chief, British Red Cross Society. (John Bale, Sons & Danielsson.) Price 3s. 6d.

This is a most amusing and entertaining book. Most of the incidents are so true to life, and can be as thoroughly enjoyed by those who have had similar experiences in hospital as by those who have never entered a ward.

So many people say, "Hospital life must be so sad and depressing!" but they should just read this book and they would soon realize the truth of—"Wherever human nature is massed together—humour is there" (Chapter 3, p. 45).

**Notes on the Nervous System.** By E. L. HOPEWELL ASH, M.D.  
(Faber & Faber.) Price 2s.

A little book intended for nurses and elementary students of anatomy and physiology. It deals in the earlier chapters with the main outlines of the evolution, anatomy and physiology of the nervous system, which the average student with any knowledge of biology will find rather elementary—one regrets here the absence of any mention of the origin of the neopallium.

It concludes with a few brief notes on the investigation of nervous cases (these are quite good), and on the commoner nervous diseases. The latter would have been of greater value to the nurse had they been more explicit and complete. (Hemianopia is mentioned, but the mechanism not fully explained. "Swelling of the disc" is also discussed—yet she is left to guess what the structure is.)

On the whole, the earlier part is admirable for the nurse, and the latter part for the student—but this is the reversal of the author's intentions.

There are various inaccuracies, for some of which the printer is to blame.

**The Patient Looks at the Hospital.** By FLORENCE G. FIDLER.  
Foreword by Dr. JOAN MALLESON. (Robert Hale & Co.)  
Price 2s. 6d. net.

This "educated gentlewoman" describes our nurses as possessing "immeasurable conceit, abysmal stupidity, complete lack of imagination, often a petty, mean attitude towards others, and always a deficiency of common sense and intelligence in everyday affairs". With this petard she subsequently manages to hoist herself with astonishing ease. We agree that nurses' hours are too long and too arduous, but we are at a loss to understand why so reputable a firm as Hale & Co. should have seen fit to publish so silly an embroidery upon that theme—a theme through which the author's own "septic poisoning" runs like a *leit-motif*.

**Practical Preparations.** By N. W. POWELL, late Sister Hope, St. Bartholomew's Hospital. Second edition, revised by P. GILL, late Sister Tutor, The Royal Free Hospital. (Faber & Faber.) Price 3s. 6d. net.

It is a pleasure to welcome this new edition of one of the most valuable little pocket companions that Messrs. Faber & Faber have produced. Although written primarily for nurses, it is a volume which no medical student or house surgeon should be without.

We have also received the following:

**THE LOW POTENCIES OF HOMOEOPATHY.** By W. E. BOYD, M.A., M.D. (Heinemann Ltd.) Price 2s. 6d.

**OUTLINES OF MASSAGE AND MEDICAL GYMNASTICS.** By B. M. G. COPESTAKE. (Faber & Faber.) Price 2s.

**C.M.B. EXAMINATION QUESTIONS AND ANSWERS.** (Faber & Faber.) Price 1s. 6d.

**CATECHISM SERIES: PATHOLOGY.** Parts III and IV. (E. & S. Livingstone.) Price 1s. 6d.

**A TEXT-BOOK OF MIDWIFERY.** By JANE AITKEN. (Ash & Co.) Price 3s.

## EXAMINATIONS, ETC.

### University of Cambridge

The following degrees have been conferred:

**M.D.**—Price, I. R. W.

**M.B.**—Cohen, E. L.

**B.Chir.**—Lown, J. F.

### Conjoint Examination Board

#### Pre-Medical Examination, September, 1936

**Chemistry.**—Brenan, A. H. W., Holmes, R. M.

**Physics.**—Anklesaria, J. M., Brenan, A. H. W., Holmes, R. M.

**Biology.**—Badoek, G. B.

#### First Examination, October, 1936

**Anatomy.**—Finnegan, J. D., Hart, J. R., Khan, H. H., Kingston, R. F., Silcock, A. R., Syred, D. R.

**Physiology.**—Grant, R. N., Hart, J. R., Khan, H. H., Owlett, R., Thompson, J. F.

**Pharmacology.**—Gluckman, J., Grant, D. S., Mundy, M. L.

### Final Examination, October, 1936

The following students have completed the Examinations for the Diplomas of **M.R.C.S., L.R.C.P.**, and have had the Diplomas conferred on them:

Basu, H. B., Cates, J. E., De Vine, J. G. B., Donald, K. W., Dunn, R. W., Gray, G., Hughes, T. H., Kelnar, I., Knight, W. C., Lewis, C. L., Loxton, G. E., Maclaren, H. C., Smith, J. L., Thompson, J. W., Vahrman, J.

### CHANGES OF ADDRESS

ARCHER, C. W., 1, Rising Sun Cottages, The Quay, Wareham, Dorset.  
DONALDSON, E., 5, Ovington Gardens, S.W. 3. (Tel. Kensington 6647.)

HOSFORD, J. P., 58, Harley Street, W. 1. (Tel. Langham 1832.)  
MOYNAGH, D. W., 40c, Lexham Gardens, Kensington, W. 8. (Tel. Western 0962.)

RAIT-SMITH, B., 1, Hyde Park Mansions, N.W. 1. (Tel. Ambassador 1025.)

RILEY, A. C., 31, Pine Walk, Surbiton. (Tel. Elmbridge 1600.)

SAVAGE, R. W., 8, Coombe Lane, Coombe Dingle, Bristol.

TAYLOR, R. W., Flat 49, Green Hill, N.W. 3. (Tel. Hampstead 4013.)

### APPOINTMENT

GILBERT, R. G., M.B., B.S.(Lond.), appointed House Surgeon to the Royal National Orthopaedic Hospital, Great Portland Street, W. 1

### BIRTHS

ANDERSON.—On October 11th, 1936, to Beryl (*née* Anderson), wife of Dr. R. G. Anderson, of 86, Harley Street, W. 1—a daughter (premature), survived only 12 hours.

CAMBROOK.—On October 2nd, 1936, at 20, Devonshire Place, W. 1, to Joan (*née* Bowman), wife of Dr. J. Draper Cambrook—a daughter.

CHADWICK.—On October 13th, 1936, to Constance Morton, wife of Dr. N. E. Chadwick, Uplands, Bishop's Road, Hove—a daughter.  
HARRIS.—On September 26th, 1936, at 13, Lansdown Place, Clifton, Bristol, to Rowena (*née* Clarkson), wife of H. Elwin Harris, F.R.C.S.—a son.

LANGHORNE.—On October 4th, 1936, at 19, Bentinck Street, W. 1, to Yvonne (*née* Jessop), wife of Dr. D. A. Langhorne—a son.

MELLOWS.—On October 21st, 1936, to Gwendolen (*née* Randall-Jones), wife of Dr. P. B. P. Mellows, of Hartley, Longfield, Kent—a son (stillborn).

TAYLOR.—On October 16th, 1936, at 9, Crescent Road, N. 8, to Méane, wife of Hermon Taylor—a son.

### DEATHS

BUCHANAN.—On October 11th, 1936, Sir George Seaton Buchanan, C.B., M.D., of 43, Wetherby Mansions, Earl's Court Square, London.

BUTLER-SMYTHE.—On October 9th, 1936, at his residence, 76, Brook Street, Grosvenor Square, after a long illness, patiently borne, Albert Charles Butler-Smythe, M.B.E., F.R.C.P., F.R.C.S.E., aged 83.

DUFF MITCHELL.—On October 5th, 1936, at Stone Court, Sutton, Surrey, James Murray Duff Mitchell, F.R.C.S.

FORD.—On October 11th, 1936, at Wimbledon, J. N. C. Ford, M.A.(Oxon.), M.B., B.Ch., of 1, The Goffs, Eastbourne.

WORTHINGTON.—On September 28th, 1936, Richard Till Worthington, M.A., M.B., of Mile End, Knutsford, younger son of the late F. S. Worthington, of Lowestoft, aged 51.

### NOTICE

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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